



PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/283,431
		Filing Date	April 1, 1999
		First Named Inventor	Zhou et al.
		Art Unit	1635
		Examiner Name	K.A. Lacourciere
Total Number of Pages in This Submission	2	Attorney Docket Number	IDRA-701US1

<b>ENCLOSURES (Check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC
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<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	Keown & Associates	
Signature		
Printed name	Joseph C. Zucchero	
Date	May 16 2006	Reg. No. 55,762

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>		
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PTO/SB/82 (09-03)

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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/283,431
Filing Date	April 1, 1999
First Named Inventor	Zhou et al.
Art Unit	1635
Examiner Name	K.A. Lacourciere
Attorney Docket Number	IDRA-701US1

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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I hereby appoint the practitioners associated with the Customer Number:

32254

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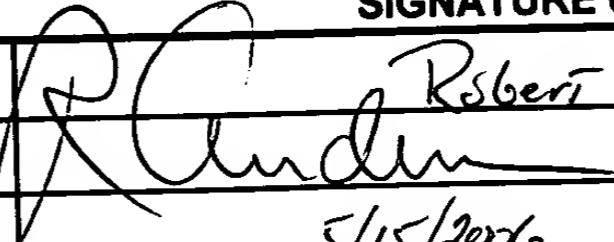
<input checked="" type="checkbox"/> Firm or Individual Name	Keown & Associates			
Address	500 West Cummings Park			
Address	Suite 1200			
City	Woburn	State	MA	Zip
Country	United States			
Telephone	781-938-1805	Fax	781-938-4777	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	R. Andersen		
Signature			
Date	5/15/2006	Telephone	617.679.5500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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